

POSTED 282042

STATE OF SOUTH CAROLINA

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

SA
ORS

ADVANCE RELOCATION
AND STORAGE SYSTEMS
INC.

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2019 - 67 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)
Submitted by: BERT SMITH (Henry Gilbert Smith) Telephone: 843-784-3700

Address: Advance Relocation And Storage Systems, Inc. Fax: 843-784-3726

200 Purrysburg Road
Hardeeville, SC 29927

Other: _____
Email: MOVERS@ADVANCERELOCATION.NET

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
 MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 2/15/19

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
 (list counties) _____

Amended Scope:
 (list counties) _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ADVANCE RELOCATION and Storage
Systems, Inc.

200 Purrysburg Rd.

Street Address of Applicant

Hardeeville, SC 29927

Mailing Address of Applicant (if different from street address)

912 233 1313

Phone

912 236 6556

FAX

MOVERS @ ADVANCE RELOCATION. NET

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

HENRY C SMITH JR PRES

DOROTHY M SMITH VICE PRES

HOME : 107 E. 55TH ST

SAV'H GA 31405

HOME PHONE 912 2345212

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☒ Yes ☐ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

*See next
pages for
statement*

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

2/15/2019

ADVANCE RELOCATION & STORAGE, INC.

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8:53 AM

Balance Sheet - All Accounts

For Calendar 12/2018 (Fiscal 12/2018)

Year-To-Date Includes Adjustments

G/L Number	Account Name	Month Amount	Year-To-Date
<u>ASSETS</u>			
1011-020	CASH IN BANK - SOUTH STATE	(42,259.38)	145,522.36
1011-030	CASH IN BANK- HCSJR LLC	1,000.00	1,000.00
1016-000	INVESTMENT-MARKETABLE SECURITY	0.00	609.77
1131-000	ACCOUNTS RECEIVABLE - ALL	(5.03)	177,186.96
1138-000	A/R EMPLOYEE - HCS, JR	0.00	(2,435.99)
1139-000	A/R EMPLOYEE - STUART SMITH	(200.00)	897.00
1151-000	A/R EMPLOYEE - LOAN	(110.00)	290.00
1154-000	A/R EMPLOYEE - CYNTHIA BROOKER	0.00	1,650.00
1158-000	A/R EMPLOYEE - JANICE MAOCHA	125.00	125.00
1161-000	A/R EMPLOYEE - K WASHINGTON-TRIP	0.00	(710.00)
1163-000	A/R EMPLOYEE - A.ROUNDTREE-TRIP	0.00	530.78
1164-000	A/R EMPLOYEE - V. CONNER-TRIP	0.00	5,938.89
1168-100	A/R EMPLOYEE - I.ANERDSON/GARNISHMT	0.00	(11.58)
1170-100	A/R-EMPLOYEE - J. MITCHELL-LOAN	0.00	350.00
1170-200	A/R EMPLOYEE - J MITCHELL-BOND	0.00	(2,200.00)
1184-000	A/R EMPLOYEE-VERNON CONNER-LOAN	0.00	100.00
1199-101	A/R EMPLOYEE LOAN-S.RAY	0.00	260.00
1199-300	A/R-EMPLOYEE-E.HOLLAND-CHILD SUPPOR	0.00	866.25
1199-301	A/R EMPLOYEE - E.HOLLAND-TRIP	0.00	800.00
1199-302	A/R EMPLOYEE - E.HOLLAND-CHAP13	170.90	(683.60)
1199-400	A/R - EMPLOYEE-D.MYDELL-CHILD SUP.	0.00	(391.61)
1199-500	A/R-EMPLOYEE-G.MANCUSO-LOAN	0.00	100.00
1199-501	A/R-EMPLOYEE H.ROBERTS-LOAN	(150.00)	0.00
1199-502	A/R EMPLOYEE-H.ROBERTS/TRIP	0.00	3,289.62
1199-601	A/R-EMPLOYEE-S.MOZEE/LOAN	0.00	25.00
1199-800	A/R-EMPLOYEE - CHERYL B.-LOAN	0.00	425.00
1199-801	A/R-EMPLOYEE - C.WASHINGTON-LOAN	0.00	1,000.00
1201-000	PREPAID INSURANCE	0.00	13,869.17
1221-000	REVENUE EQUIPMENT	0.00	529,793.56
1222-000	ACCUMULATED DEP.-REV.EQUIPMENT	0.00	(525,793.16)
1223-000	VEHICLES	(3,000.00)	414,765.34
1224-000	ACCUMULATED DEP-VEHICLES	0.00	(163,575.66)
1235-000	OFFICE EQUIPMENT	0.00	18,094.26
1236-000	ACCUMULATED DEP.-OFFICE EQUIP	0.00	(18,094.26)
1237-000	WAREHOUSE EQUIPMENT	0.00	115,141.37
1238-000	ACCUMULATED DEP.-WHSE EQUIP.	0.00	(68,727.47)
3815-000	ACTION CAPITAL-RESERVE ACCT.	(2,085.96)	21,264.27
Total Assets		(46,514.47)	671,271.27

LIABILITIES

Balance Sheet - All Accounts
For Calendar 12/2018 (Fiscal 12/2018)
Year-To-Date Includes Adjustments

G/L Number	Account Name	Month Amount	Year-To-Date
2030-000	CURRENT PORTION OF LONG-TERM D	0.00	89,731.10
2034-000	EMPLOYEE FICA W/H PAYABLE	183.67	183.73
2035-000	EMPLOYEE FED W/H PAYABLE	303.00	2,103.00
2036-000	STATE EMPLOYEE W/H TAX PAYABLE	(270.42)	4,353.36
2037-000	EMPLOYEE-MEDICARE TAX	42.95	(602.01)
2041-000	ACCRUED WAGES PAYABLE	0.00	7,609.56
2100-000	A/P- SALES COMMISSION	(1,497.27)	0.00
2216-000	ACCRUED STATE INCOME TAXES	0.00	655.00
2221-000	ACCRUED FEDERAL INCOME TAXES	0.00	14.00
2230-000	MISCELLANEOUS ACCRUED EXPENSES	0.00	4,097.78
2235-000	SAR/SEP-RETIREMENT FUND	(690.00)	4,598.10
2320-101	WELLS FARGO BUSINESS M/C LINE	(727.79)	2,145.33
2320-102	WELLS FARGO BUSINESS VISA	0.00	(322.39)
2320-400	WELLS FARGO EQUIP/FIN/FORKLIFT	(489.68)	19,871.05
2320-500	SOUTH STATE BANK LOAN	0.00	(10.22)
2320-600	SOUTH STATE BANK LINE OF CREDIT	(15,000.00)	21,000.00
2325-100	N/P-FORD CREDIT/2017/F150	(606.74)	26,989.97
2325-200	N/P-FORD CREDIT/2017EXP	(1,010.80)	22,368.58
2325-300	MERCEDEZ 2017 PACK VAN	(1,605.15)	28,892.65
2327-050	CAPITAL FORD/F750	(1,637.08)	82,107.08
2330-000	N/P CURRENT PORTION - CONTRA	0.00	(89,731.10)
Total Liabilities		(23,005.31)	226,054.57

EQUITY

2612-000	CAPITAL STOCK -- COMMON	0.00	16,550.00
2612-010	ADDITIONAL PAID IN CAPITAL	0.00	6,072.00
2652-000	RETAINED EARNINGS	0.00	227,677.62
	Current Income Summary	(23,509.16)	194,917.08
Total Equity		(23,509.16)	445,216.70
Difference		0.00	0.00

ADVANCE RELOCATION AND
STORAGE SYSTEMS, INC.

FINANCIAL STATEMENTS

December 31, 2017 and 2016

Advance Relocation and Storage Systems
Inc. will not have updated 2018 Financial
Statements until approximately March or April 2019.
These are the most current.

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INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

To the Board of Directors
Advance Relocation and Storage Systems, Inc.

Management is responsible for the accompanying financial statements of Advance Relocation and Storage Systems, Inc. (the Company), which comprise the balance sheets as of December 31, 2017 and 2016, and the related statements of operations, changes in stockholder's equity, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America. We have performed compilation engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared in accordance with accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's financial position, results of operations, changes in stockholder's equity and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The accompanying supplementary information of General, Administrative, and of Sales Expense and Other Income (Expense) are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management. The supplementary information was subject to our compilation engagement. We have not audited or reviewed the supplementary information and do not express an opinion, a conclusion, nor provide any assurance on such information.

TJS Deemer Dana LLP

Savannah, Georgia
July 2, 2018

ADVANCE RELOCATION AND STORAGE SYSTEMS, INC.
BALANCE SHEETS
See Independent Accountant's Compilation Report
December 31,

	2017	2016
ASSETS		
CURRENT ASSETS		
Cash	\$ 39,345	\$ 50,630
Investments - at cost	610	610
Accounts receivable	158,596	68,326
Accounts receivable - employees	17,756	13,049
Prepaid expenses	13,869	18,310
Total current assets	<u>230,176</u>	<u>150,925</u>
PROPERTY AND EQUIPMENT		
Revenue equipment	529,794	529,794
Vehicles	417,765	196,433
Office equipment	18,094	18,094
Warehouse equipment	115,141	81,866
	<u>1,080,794</u>	<u>826,187</u>
Less accumulated depreciation	776,191	799,149
	<u>304,603</u>	<u>27,038</u>
OTHER ASSETS		
Accounts receivable - officer	14,995	22,132
	<u>\$ 549,774</u>	<u>\$ 200,095</u>
LIABILITIES AND STOCKHOLDER'S EQUITY		
CURRENT LIABILITIES		
Current portion of long-term debt	\$ 89,731	\$ 32,163
Line of credit	3,133	29,222
Income taxes payable	669	14
Accrued expenses and payroll taxes	21,324	21,310
Other employee withholdings	4,858	6,828
Total current liabilities	<u>119,715</u>	<u>89,537</u>
LONG-TERM DEBT		
Note payable, net of current portion	179,760	30,814
STOCKHOLDER'S EQUITY		
Common stock: \$10 par value; 5,000 shares authorized; 1,655 shares issued and outstanding	16,550	16,550
Additional paid-in capital	6,072	6,072
Retained earnings	227,677	57,122
	<u>250,299</u>	<u>79,744</u>
	<u>\$ 549,774</u>	<u>\$ 200,095</u>

ADVANCE RELOCATION AND STORAGE SYSTEMS, INC.
 STATEMENTS OF OPERATIONS
 See Independent Accountant's Compilation Report
 Years Ended December 31,

	2017	2016
REVENUE	<u>\$ 1,963,429</u>	<u>\$ 1,798,262</u>
OPERATING EXPENSES		
Salaries	621,661	639,005
Sales commissions	18,726	4,217
Fuel and oil	38,746	39,727
Repairs and maintenance	101,358	125,538
Packing materials and supplies	99,988	94,551
Travel	2,613	10,161
Depreciation	8,899	2,798
Warehouse rent	120,000	120,000
Insurance	28,927	29,196
Claims	22,660	18,712
Contract labor	-	20,666
Taxes and licenses	2,115	2,563
Uniforms	6,894	3,325
Total operating expenses	<u>1,072,587</u>	<u>1,110,459</u>
GROSS PROFIT	890,842	687,803
GENERAL, ADMINISTRATIVE, AND SALES EXPENSES	<u>709,358</u>	<u>670,184</u>
INCOME FROM OPERATIONS	181,484	17,619
OTHER INCOME (EXPENSE)	<u>(9,405)</u>	<u>(16,153)</u>
INCOME BEFORE PROVISION FOR INCOME TAXES	172,079	1,466
PROVISION FOR INCOME TAXES	<u>1,524</u>	<u>2,192</u>
NET INCOME (LOSS)	<u>\$ 170,555</u>	<u>\$ (726)</u>

ADVANCE RELOCATION AND STORAGE SYSTEMS, INC.
 STATEMENTS OF CHANGES IN STOCKHOLDER'S EQUITY
 See Independent Accountant's Compilation Report
 Years Ended December 31,

	Common Stock	Additional Paid-in Capital	Retained Earnings	Total
BALANCE, December 31, 2015	\$ 16,550	\$ 6,072	\$ 57,848	\$ 80,470
Net loss	-	-	(726)	(726)
BALANCE, December 31, 2016	16,550	6,072	57,122	79,744
Net Income	-	-	170,555	170,555
BALANCE, December 31, 2017	<u>\$ 16,550</u>	<u>\$ 6,072</u>	<u>\$ 227,677</u>	<u>\$ 250,299</u>

ADVANCE RELOCATION AND STORAGE SYSTEMS, INC.
STATEMENTS OF CASH FLOWS
See Independent Accountant's Compilation Report
Years Ended December 31,

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income (loss)	\$ 170,555	\$ (726)
Adjustments to reconcile net income (loss) to net cash provided by operating activities:		
Depreciation	23,091	2,798
Bad debt expense (recovery)	(362)	288
Changes in operating assets and liabilities		
(Increase) decrease in assets:		
Accounts receivable	(89,908)	74,377
Accounts receivable - employees	(4,707)	(2,387)
Accounts receivable - officer	7,137	(6,496)
Prepaid expenses	4,441	(725)
Increase (decrease) in liabilities		
Accrued expenses and payroll taxes	14	9,307
Income taxes payable	655	14
Other employee withholdings	(1,970)	145
Net cash provided by operating activities	<u>108,946</u>	<u>76,595</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	<u>(42,804)</u>	<u>(5,000)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Change in line of credit	(26,089)	(9,610)
Principal payments of long-term debt	<u>(51,338)</u>	<u>(30,608)</u>
Net cash used in financing activities	<u>(77,427)</u>	<u>(40,218)</u>
INCREASE (DECREASE) IN CASH	<u>(11,285)</u>	<u>31,377</u>
BEGINNING CASH	<u>50,630</u>	<u>19,253</u>
ENDING CASH	<u>\$ 39,345</u>	<u>\$ 50,630</u>

SUPPLEMENTARY INFORMATION

ADVANCE RELOCATION AND STORAGE SYSTEMS, INC.
 GENERAL, ADMINISTRATIVE, AND SALES EXPENSES
 See Independent Accountant's Compilation Report
 Years Ended December 31,

	<u>2017</u>	<u>2016</u>
Officer salary	\$ 189,052	\$ 188,990
Office salaries	177,592	167,567
Insurance	106,051	87,733
Depreciation	14,192	-
Payroll taxes	81,180	84,011
Office supplies	81,688	70,015
Advertising	1,855	652
Taxes and licenses	1,789	806
Miscellaneous expense	14,379	43,598
Legal and accounting	10,744	4,673
Penalties and fines	481	306
Utilities	19,014	21,307
Equipment rental	11,341	526
	<u>709,358</u>	<u>670,184</u>
Total general, administrative, and sales expenses	<u>\$ 709,358</u>	<u>\$ 670,184</u>

ADVANCE RELOCATION AND STORAGE SYSTEMS, INC.
 OTHER INCOME (EXPENSE)
 See Independent Accountant's Compilation Report
 Years Ended December 31,

	2017	2016
Interest and dividend income	\$ -	\$ 51
Interest expense	(22,777)	(24,007)
Contributions	(500)	(1,000)
Bad debt recovery (expense)	362	(288)
Gain on sale of fixed assets	11,000	7,000
Miscellaneous income (expense)	2,510	2,091
	<u>\$ (9,405)</u>	<u>\$ (16,153)</u>
Total other income (expense)		

1120Form
Department of the Treasury
Internal Revenue Service**U.S. Corporation Income Tax Return**

For calendar year 2017 or tax year beginning

, ending

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2017**A Check if:**

- 1a Consolidated return (attach Form 951) ☐
- b Life/nonlife consolidated return ☐
- 2 Personal holding co. (attach Sch. PH) ☐
- 3 Personal service corp. (see instructions) ☐
- 4 Schedule M-3 attached ☐

**TYPE
OR
PRINT**

Name

**ADVANCE RELOCATION & STORAGE
SYSTEMS, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.

3488 OGEECHEE ROAD

City or town, state, or province, country, and ZIP or foreign postal code

SAVANNAH**GA 31405****B** Email

**

C Date of incorporation**12/06/1963****D** Total assets (see instructions)\$ **545,928****E** Check if: (1)

Initial return (2)

Final return (3)

Name change (4)

Address change

Income	1a	Gross receipts or sales	1a	1,963,429	
	1b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a	1c	1,963,429	
	2	Cost of goods sold (attach Form 1125-A)	2		
	3	Gross profit. Subtract line 2 from line 1c	3	1,963,429	
	4	Dividends (Schedule C, line 19)	4		
	5	Interest	5		
	6	Gross rents	6		
	7	Gross royalties	7		
	8	Capital gain net income (attach Schedule D (Form 1120))	8		
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10	Other income (see instructions—attach statement)	10	SEE STMT 1	2,872	
11	Total income. Add lines 3 through 10	11		1,966,301	
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions—attach Form 1125-E)	12		189,052
	13	Salaries and wages (less employment credits)	13		799,254
	14	Repairs and maintenance	14		104,946
	15	Bad debts	15		
	16	Rents	16		134,284
	17	Taxes and licenses	17		84,598
	18	Interest	18		22,777
	19	Charitable contributions	19	SEE STMT 2	0
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		184,332
	21	Depletion	21		
	22	Advertising	22		1,855
	23	Pension, profit-sharing, etc., plans	23		
	24	Employee benefit programs	24		36,993
	25	Domestic production activities deduction (attach Form 8903)	25		
	26	Other deductions (attach statement)	26	SEE STMT 3	408,210
	27	Total deductions. Add lines 12 through 26	27		1,966,301
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		0
	29a	Net operating loss deduction (see instructions)	29a		
b	Special deductions (Schedule C, line 20)	29b			
c	Add lines 29a and 29b	29c			
Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28. See instructions	30		0
	31	Total tax (Schedule J, Part I, line 11)	31		0
	32	Total payments and refundable credits (Schedule J, Part II, line 21)	32		
	33	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	33		
	34	Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34		
	35	Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35		
	36	Enter amount from line 35 you want: Credited to 2018 estimated tax ▶ Refunded ▶	36		

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Signature of officer

HENRY C. SMITH, JR.

Date

Title

PRESIDENT**Paid**

Print/Type preparer's name

JOHN A. VANDAVEER, CPA

Preparer's signature

JOHN A. VANDAVEER, CPA

Date

03/28/18Check ☒ if self-employed

PTIN

***********Preparer
Use Only**

Firm's name ▶

TJS DEEMER DANA LLP

Firm's EIN ▶

****-***3273**

Firm's address ▶

**118 PARK OF COMMERCE DR. SUITE 200
SAVANNAH, GA 31405**

Phone no.

912-238-1001

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

We will use the South Carolina
state tariff for our rates.

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

	MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
1.	FREIGHTLINE	1994 STRAIGHT TRUCK	16000	
		VIN 1FV6HFAA5RL541056		
2.	FORD	2000 STRAIGHT TRUCK-750	20000	
		VIN 3FDXX75R1YMA 23947		
3.	FORD	2001 STRAIGHT TRUCK-750	20000	
		VIN 3FDXX75R91MA 51937		
4.	FORD	2001 STRAIGHT TRUCK-750	20000	
		VIN 3FDXX75R01MA 51938		
5.	FORD	2007 STRAIGHT TRUCK-750	20000	
		VIN 3FRXX75W47V 519931		

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

HENRY SMITH JR.

Name of Applicant

200 PURRYSBURG RD., HARDEEVILLE, SC 29927

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 8794.00

Limits 6,110,000

Cargo Insurance \$ 13800.00

Limits 4,200,000

* Attach Certificate of Insurance if available.

VANLINER INSURANCE CO.

Name of Insurance Company

ONE PREMIER DR., ST. LOUIS, MO 63026

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



One Premier Drive
St. Louis, MO 63026
800-325-3619
Stock Insurer)

MOTOR CARRIER DECLARATIONS

Policy Number	Policy Period
MRV 4287200 14	From 03/01/2018 To 03/01/2019 12:01 A.M. Standard Time at the described location

Transaction	
RENEWAL DECLARATION	
Named Insured and Address	Agent
ADVANCE RELOCATION & STORAGE SYSTEMS, INC. SMITH MOVING & S 3488 OGEECHEE RD SAVANNAH GA 31405-2904	AEGIS INSURANCE SERVICE INC 5755 N POINT PKWY STE 277 ALPHARETTA, GA 30022 Telephone: 800-582-6270 0000119
Business Description MOVING & STORAGE	Type of Business CORPORATION

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		61	\$ 1,000,000 per accident	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)			Separately stated in each PIP endorsement	
ADDED PERSONAL INJURY PROT. (equivalent No-fault coverage)			Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. (MI ONLY)			Separately Stated In The P.P.I. Endorsement Minus \$ Ded. For Each Accident	
AUTO MEDICAL PAYMENTS		67	\$ 5,000 Each Accident	\$
UNINSURED MOTORISTS		67	\$ 100,000 Each Accident	\$
UNDERINSURED MOTORISTS (When not included in UM Coverage)			\$ Each Accident	
TRAILER INTERCHANGE	COMPREHENSIVE		Actual Cash Value, Cost of Repair or \$ whichever is less	
	SPECIFIED CAUSES OF LOSS		Actual Cash Value, Cost of Repair or \$ whichever is less, minus \$25 Ded. for each covered auto for loss caused by mischief or vandalism	
	COLLISION		Actual Cash Value, Cost of Repair or \$ whichever is less, minus \$ for each covered auto.	
PHYSICAL DAMAGE	COMPREHENSIVE	67 68	Actual Cash Value or Cost of Repair, whichever is less, minus the deductible stated in the Schedule of Covered Autos for each covered auto, but no deductible applies to loss caused by lightning or fire. See ITEM FOUR for hired or borrowed "autos".	\$
	SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less, minus \$25 deductible for each covered auto for loss caused by mischief or vandalism. See ITEM FOUR for hired or borrowed "autos".	
	COLLISION	67 68	Actual Cash Value or Cost of Repair, whichever is less, minus the deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	\$
TOWING AND LABOR			\$ for each disablement of a private passenger "auto"	
Forms and Endorsements Applicable to this Coverage Part. See Attached Schedule.				Premium for Endorsements
Countersigned this _____ Day of _____				Terrorism Risk Insurance Act
Issued Date: 03/13/2018				Estimated Total Premium
VIC-98-0201 10 98				\$

Michael Russo
Authorized Representative

PRODUCER

COMMERCIAL GENERAL LIABILITY COVERAGE

General Liability Coverage is underwritten by: Vanliner Insurance Company

EFFECTIVE DATE: March 1, 2018 to March 1, 2019

Coverage Written On: Occurrence Form

COVERAGE	LIMITS
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal/Advertising Injury Limit	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage Limit- Any One Fire	\$100,000
Medical Expense Limit – Any One Person	\$10,000

Locations Covered:

Location 1-1: 3488 Ogeechee Road, Savannah, Georgia 31405

Location 2-1: 200 A & B Purrysburg Road, Hardeeville, South Carolina 29927

COVERAGES INCLUDED:

Bodily Injury and Property Damage Liability

Personal and Advertising Injury Liability

Medical Payments

WAREHOUSE & CARGO COVERAGE

Warehouse & Cargo Coverage is underwritten by: Vanliner Insurance Company

EFFECTIVE DATE: March 1, 2018 to March 1, 2019

Coverage A (Insured's Legal Liability as a Warehouseman)

At the Following Locations:	Legal Liability as a Warehouseman					
Address	Total Limit of Liability per Location	Increased Obligation Sub Limit	Government Storage Limit	Sub Limit per Storage Receipt	Deductible Per Claim	Deductible Per Occurrence
3488 Ogeechee Rd. Savannah, GA 31405	\$4,200,000	N/A	\$4,100,000	N/A	\$1,000	\$5,000
200 A Purrysburg Rd. Hardeeville, SC 29927	\$2,500,000		\$2,500,000		\$1,000	\$5,000
200B Purrysburg Rd. Hardeeville, SC 29927	\$2,500,000		\$2,500,000		\$1,000	\$5,000

Coverage B (Insured's Legal Liability as a Carrier)

Limits

\$200,000	In or on any one motor truck, excluding electronics
\$200,000	In or on any one motor truck, electronic shipments only
N/A	Air Freight
\$400,000	Storage-in-transit
\$200,000	Per office/Industrial Move
\$400,000	Any One Occurrence or Disaster
\$1,000	Deductible

Exhibit Fit, Willing, and Able (FWA)

Name _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgments here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Harry Smith Jr
Applicant's Signature

PRESIDENT

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF _____)

SWORN TO BEFORE ME.
This 15th day of February, 2019

Susan S. Vales
Notary Public

Commission Expires

Susan S. Vales
NOTARY PUBLIC
Effingham County
State of Georgia

My Commission Expires April 9, 2019

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Henry Smith Jr.
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HIM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☐ Not Applicable

I, Henry Smith Jr., verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

This 15th day of February, 2019

Notary Public

Commission Expires

Susan S. Vales
NOTARY PUBLIC
Effingham County
State of Georgia

My Commission Expires April 9, 2019

Applicant's Signature

Print Application

The State of South Carolina



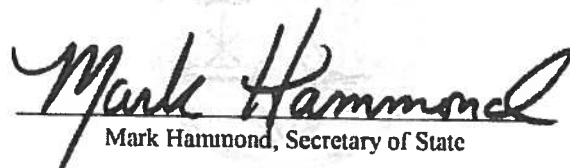
Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Advance Relocation And Storage Systems, Inc., a corporation duly organized under the laws of the state of Georgia and issued a certificate of authority to transact business in South Carolina on February 12th, 2019, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 12th day
of February, 2019.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 12 2019
REFERENCE ID: 286047

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Filing ID: 190212-1617388

Filing Date: 02/12/2019


SECRETARY OF STATE OF SOUTH CAROLINA

**A FOREIGN CORPORATION FOR A CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN THE STATE OF SOUTH CAROLINA**

Pursuant to Section 33-15-103 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation hereby applies for authority to transact business in the State of South Carolina, and for that purpose, hereby submits the following statement:

1. The name of the corporation is (see Sections 33-4-101 and 33-15-106 and Section 33-19-500 (b)(1) if the corporation is a professional corporation. (Must match corporation name on certificate of existence from domestic state)

Advance Relocation And Storage Systems, Inc.

2. It is incorporated as (check applicable item) ☒ a general business corporation, ☐ a professional corporation under the laws of the state of Georgia

3. The date of its incorporation is 12/06/1963 and the period of its duration is 56

4. The address of the principal office of the corporation is:
3488 Ogeechee Road

(Street Address)

Savannah, Georgia 31405

(City, State, Zip Code)

5. The address of the proposed registered office in the state of South Carolina is:
200A Purrysburg Rd

(Street Address)

Hardeeville

(City)

South Carolina

29927

(Zip Code)

6. The name of the proposed registered agent in South Carolina at such address is
Henry C. Smith Jr.

(Print Name)

I hereby consent to the appointment as registered agent of the corporation

(Signature of the Registered Agent)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 12 2019

REFERENCE ID: 286047


SECRETARY OF STATE OF SOUTH CAROLINA

Advance Relocation And Storage Systems, Inc.

Name of Corporation

7. The name and usual business address of the corporation's directors (if the corporation has no directors, then the name and address of the persons who are exercising the statutory authority of the directors on behalf of the corporation) and principal officers:

a.) Henry C. Smith Jr. (Bert)

(Director Name)

200A Purrysburg Rd

(Business Address)

Hardeeville, South Carolina 29927

(City, State, Zip Code)

(Director Name)

(Business Address)

(City, State, Zip Code)

(Director Name)

(Business Address)

(City, State, Zip Code)

b.) Henry C. Smith Jr. (Bert)

(Principal Officer Name)

President

(Principal Officer Position)

200A Purrysburg Rd

(Address)

Hardeeville, SC, Georgia 29927

(City, State, Zip Code)

(Principal Officer Name)

(Principal Officer Position)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Feb 12 2019

REFERENCE ID: 286047

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Advance Relocation And Storage Systems, Inc.

Name of Corporation

(Address)

(City, State, Zip Code)

(Principal Officer Name)

(Principal Officer Position)

(Address)

(City, State, Zip Code)

8. The aggregate number of shares which the corporation has authority to issue, itemized by classes and series, if any, within a class: (if no shares are issued please enter "none")

Class of Shares (and Series, if any)

Authorized Number of Each Class (and Series)

0

0

9. Unless a delayed date is specified, this application shall be effective when accepted for filing by the Secretary of State (See Section 33-1-230): _____

Date: 02/12/2019

Name of Corporation:

Advance Relocation And Storage Systems, Inc.

Henry C. Smith Jr. (Bert)

Signature of Officer

Henry C. Smith Jr. (Bert)

Type or Print Name

President

Position of Officer

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Control Number : J506641

Feb 12 2019
REFERENCE ID: 286047


SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

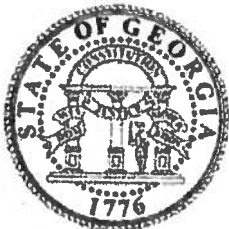
ADVANCE RELOCATION AND STORAGE SYSTEMS, INC. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16677083
Date Inc/Auth/Filed: 12/06/1963
Jurisdiction : Georgia
Print Date : 02/12/2019
Form Number : 211





Brad Raffensperger
Secretary of State

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

Customer Receipt

This filing has been approved. See below for details.

Your Document/Certificate Request expires 30 days after the request is approved. If you need access after that time, please resubmit the request or contact the Secretary of State.

Transaction Information

Transaction ID: 286047

Entity Name: Advance Relocation
And Storage Systems,
Inc.

TPE ID: 68202782**Receipt Date:** 2/12/2019 4:17:41 PM**Payment Type:** Card

Charges

Pricing Summary

Item	Price
Application for a Certificate of Authority to Transact Business	\$110.00
Electronic Records Access	\$15.00
CL-1	\$25.00
Certificate	\$10.00
Electronic Records Access	\$4.00
Certified Documents for Application for a Certificate of Authority to Transact Business	\$4.50
Electronic Records Access	\$2.50
Total Cost	\$171.00
Total Amount Paid	\$171.00

Note: Your bank statement may reflect that the charge was made by SC.gov.

Filing Information

Documents Filed

Filing ID	Filing Type
190212-1617388	Application for a Certificate of Authority to Transact Business

The document downloaded represents a true copy of the filing made on this receipt date.